

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS HAWAII 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Hawaii Data Comments

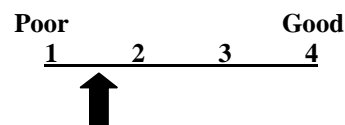
Dual Eligibles: Approximately 61 percent of state-reported dual eligibles were not matched in Medicare enrollment data and roughly 50 percent were reported with missing information as to Medicaid benefit coverage. (They are nonetheless shown on the attached tables as having full Medicaid benefits).

Race: Approximately 22 percent of enrollees were reported with unknown race.

Inpatient Claims: Despite a substantial reported FFS dual eligible population, there were almost no inpatient hospital claims. Furthermore, the data in these tables show virtually no use of psychiatric facility services for any age group (see Table 4).

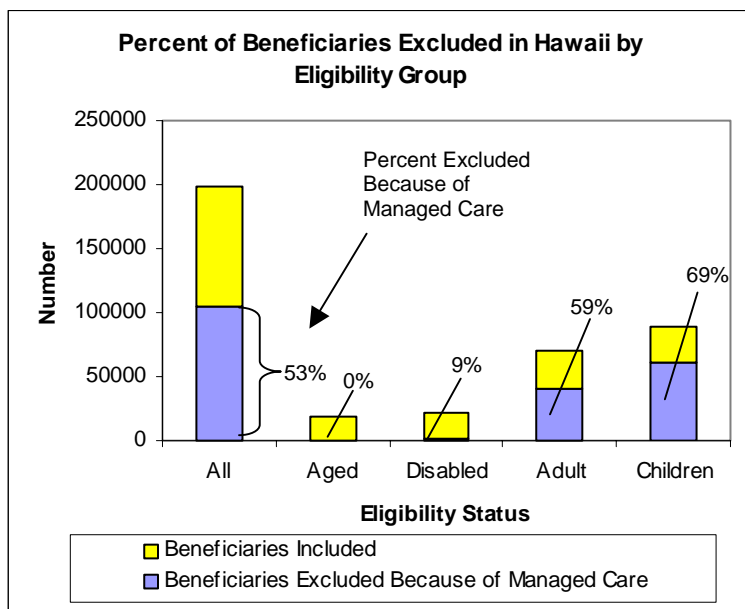
Diagnosis Codes: Diagnosis coding on available claims was relatively complete, with no known quality problems.

HAWAII DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Hawaii's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
HAWAII, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	199,173	100%	94,319	47%	\$553,007,258	100%	\$301,506,414	55%
Age								
0-3	24,806	12%	8,282	33%	\$51,096,778	9%	\$8,953,721	18%
4-5	11,177	6%	3,549	32%	\$14,503,812	3%	\$1,154,917	8%
6-12	33,018	17%	9,840	30%	\$43,236,800	8%	\$4,570,591	11%
13-18	20,681	10%	6,847	33%	\$30,847,805	6%	\$5,219,048	17%
19-21	9,074	5%	4,611	51%	\$14,662,949	3%	\$2,938,660	20%
22-44	57,299	29%	27,134	47%	\$128,957,185	23%	\$51,543,609	40%
45-64	22,786	11%	13,775	60%	\$100,480,224	18%	\$71,526,288	71%
65 and older	20,332	10%	20,281	100%	\$169,221,705	31%	\$155,599,580	92%
Gender								
Female	108,399	54%	50,742	47%	\$316,003,488	57%	\$171,870,425	54%
Male	90,774	46%	43,577	48%	\$237,003,770	43%	\$129,635,989	55%
Race								
White	34,929	18%	17,770	51%	\$104,338,147	19%	\$60,744,583	58%
Black	2,856	1%	1,572	55%	\$6,283,019	1%	\$2,889,096	46%
Hispanic	3,490	2%	1,790	51%	\$9,143,194	2%	\$4,873,850	53%
American Indian/Alaskan Native	282	0%	141	50%	\$527,568	0%	\$179,906	34%
Asian/Pacific Islander	113,920	57%	54,763	48%	\$331,872,874	60%	\$188,274,784	57%
Other/Unknown	43,696	22%	18,283	42%	\$100,842,456	18%	\$44,544,195	44%
Dual Status								
Aged Duals with Full Medicaid	17,914	9%	17,878	100%	\$159,485,592	29%	\$146,435,180	92%
Disabled Duals with Full Medicaid	6,615	3%	6,526	99%	\$48,133,032	9%	\$46,265,180	96%
Duals with Limited Medicaid	98	0%	98	100%	\$170,058	0%	\$169,105	99%
Other Duals	235	0%	112	48%	\$415,087	0%	\$50,248	12%
Disabled Non-Duals	13,655	7%	11,836	87%	\$98,321,560	18%	\$90,302,814	92%
All Other Non-Duals	160,656	81%	57,869	36%	\$246,481,929	45%	\$18,283,887	7%
Eligibility Group								
Aged	18,657	9%	18,657	100%	\$159,542,784	29%	\$146,478,922	92%
Disabled	21,707	11%	19,786	91%	\$154,700,449	28%	\$144,441,230	93%
Adults	70,116	35%	28,779	41%	\$115,889,165	21%	\$6,914,883	6%
Children	88,693	45%	27,097	31%	\$122,874,860	22%	\$3,671,379	3%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
HAWAII, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	94,319	8,416	9%	\$301,506,414	\$62,617,177	21%
Age						
0-3	8,282	26	0%	\$8,953,721	\$639,065	7%
4-5	3,549	14	0%	\$1,154,917	\$69,430	6%
6-12	9,840	129	1%	\$4,570,591	\$741,929	16%
13-18	6,847	175	3%	\$5,219,048	\$2,249,548	43%
19-21	4,611	165	4%	\$2,938,660	\$727,650	25%
22-44	27,134	3,400	13%	\$51,543,609	\$19,631,407	38%
45-64	13,775	3,141	23%	\$71,526,288	\$24,343,239	34%
65 and Older	20,281	1,366	7%	\$155,599,580	\$14,214,909	9%
Gender						
Female	50,742	4,258	8%	\$171,870,425	\$33,200,304	19%
Male	43,577	4,158	10%	\$129,635,989	\$29,416,873	23%
Race						
White	17,770	2,775	16%	\$60,744,583	\$21,622,575	36%
Black	1,572	197	13%	\$2,889,096	\$892,590	31%
Hispanic	1,790	197	11%	\$4,873,850	\$1,292,774	27%
American Indian/Alaskan Native	141	20	14%	\$179,906	\$72,202	40%
Asian/Pacific Islander	54,763	3,957	7%	\$188,274,784	\$29,049,655	15%
Other/Unknown	18,283	1,270	7%	\$44,544,195	\$9,687,381	22%
Dual Status						
Aged Duals with Full Medicaid	17,878	1,248	7%	\$146,435,180	\$13,303,867	9%
Disabled Duals with Full Medicaid	6,526	2,273	35%	\$46,265,180	\$15,710,588	34%
Duals with Limited Medicaid	98	3	3%	\$169,105	\$7,301	4%
Other Duals	112	20	18%	\$50,248	\$28,970	58%
Disabled Non-Duals	11,836	3,443	29%	\$90,302,814	\$30,090,910	33%
All Other Non-Duals	57,869	1,429	2%	\$18,283,887	\$3,475,541	19%
Eligibility Group						
Aged	18,657	1,123	6%	\$146,478,922	\$12,339,533	8%
Disabled	19,786	5,936	30%	\$144,441,230	\$47,485,372	33%
Adults	28,779	1,194	4%	\$6,914,883	\$1,240,533	18%
Children	27,097	163	1%	\$3,671,379	\$1,551,739	42%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
HAWAII, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	2,489	30%	32	6%	2,193	34%	264	19%
Major depression and affective psychoses	1,660	20%	58	11%	1,402	21%	200	15%
Other psychoses	473	6%	24	5%	348	5%	101	7%
Childhood psychoses	49	1%	28	6%	19	0%	2	0%
Neurotic & other depressive disorders	1,791	21%	47	9%	1,381	21%	363	27%
Personality disorders	126	2%	6	1%	115	2%	5	0%
Other mental disorders	210	3%	22	4%	95	1%	93	7%
Special symptoms or syndromes	441	5%	27	5%	195	3%	219	16%
Stress & adjustment reactions	919	11%	126	25%	689	11%	104	8%
Conduct disorders	129	2%	44	9%	73	1%	12	1%
Emotional disturbances	17	0%	15	3%	1	0%	1	0%
Hyperkinetic syndrome	112	1%	80	16%	30	0%	2	0%
No Diagnosis								
Total	8,416	100%	509	100%	6,541	100%	1,366	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
HAWAII, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	4	36%	49
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	0	0	0	0	0	0%	0	6	13%	10
	13-18	1	0	23	1	24	31%	1	4	5%	4
	19-21	0	0	6	10	6	9%	10	7	11%	7
	22-44	0	0	138	5	138	10%	5	118	9%	7
	45-64	0	0	79	10	79	5%	10	164	10%	11
	65+	0	0	5	1	5	1%	1	44	4%	23
	All Ages	1	0	251	6	252	6%	6	347	8%	12
Male	0-3	0	0	0	0	0	0%	0	4	27%	1
	4-5	0	0	0	0	0	0%	0	2	17%	2
	6-12	1	0	7	17	7	8%	17	5	6%	1
	13-18	2	0	42	24	44	45%	23	6	6%	11
	19-21	0	0	23	5	23	23%	5	9	9%	6
	22-44	0	0	213	7	213	11%	7	147	7%	9
	45-64	0	0	82	6	82	6%	6	155	11%	14
	65+	0	0	3	4	3	1%	4	18	5%	9
	All Ages	3	0	370	9	372	9%	9	346	8%	11
Total	0-3	0	0	0	0	0	0%	0	8	31%	25
	4-5	0	0	0	0	0	0%	0	2	14%	2
	6-12	1	0	7	17	7	5%	17	11	9%	6
	13-18	3	0	65	16	68	39%	15	10	6%	8
	19-21	0	0	29	6	29	18%	6	16	10%	7
	22-44	0	0	351	6	351	10%	6	265	8%	8
	45-64	0	0	161	8	161	5%	8	319	10%	13
	65+	0	0	8	2	8	1%	2	62	5%	19
	All Ages	4	0	621	8	624	7%	8	693	8%	11

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
HAWAII, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	7	64%	0.57	0.86	1.43	157	4%	1.57
	4-5	2	100%	1.00	0.00	1.00	44	3%	1.30
	6-12	18	40%	0.39	1.22	1.61	90	2%	1.14
	13-18	34	44%	0.71	1.12	1.82	107	3%	1.25
	19-21	22	34%	0.50	1.82	2.32	140	5%	1.26
	22-44	550	40%	0.73	2.27	3.00	790	6%	1.69
	45-64	610	36%	0.46	2.35	2.81	925	18%	1.88
	65+	357	36%	0.20	2.23	2.43	2,222	19%	1.72
	All Ages	1,600	38%	0.50	2.24	2.74	4,475	10%	1.70
Male	0-3	11	73%	0.91	0.91	1.82	223	5%	1.42
	4-5	4	33%	0.25	1.00	1.25	61	3%	1.16
	6-12	29	35%	0.34	1.10	1.45	140	3%	1.29
	13-18	27	28%	0.41	1.04	1.44	122	4%	1.20
	19-21	37	37%	0.86	1.08	1.95	133	8%	1.22
	22-44	712	35%	0.90	2.02	2.92	1,066	10%	1.62
	45-64	542	37%	0.64	2.46	3.10	1,031	19%	2.13
	65+	134	36%	0.19	3.01	3.19	1,377	20%	1.77
	All Ages	1,496	36%	0.72	2.20	2.92	4,153	11%	1.74
Total	0-3	18	69%	0.78	0.89	1.67	380	5%	1.48
	4-5	6	43%	0.50	0.67	1.17	105	3%	1.22
	6-12	47	36%	0.36	1.15	1.51	230	2%	1.23
	13-18	61	35%	0.57	1.08	1.66	229	3%	1.23
	19-21	59	36%	0.73	1.36	2.08	273	6%	1.24
	22-44	1,262	37%	0.82	2.13	2.95	1,856	8%	1.65
	45-64	1,152	37%	0.54	2.40	2.95	1,956	18%	2.01
	65+	491	36%	0.20	2.44	2.64	3,599	19%	1.74
	All Ages	3,096	37%	0.61	2.22	2.83	8,628	10%	1.72

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
HAWAII, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	82	1%	7	27%	75	1%
4-5	39	1%	6	43%	33	1%
6-12	198	2%	64	50%	134	1%
13-18	158	2%	56	32%	102	2%
19-21	134	3%	66	40%	68	2%
22-44	3,713	14%	2,317	68%	1,396	6%
45-64	4,808	35%	2,549	81%	2,259	21%
65+	5,971	29%	1,054	77%	4,917	26%
All Ages	15,103	16%	6,119	73%	8,984	10%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
HAWAII, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	32	41%	75%	31%	13%	0%	53%	3%
Major depression and affective psychoses	58	26%	22%	16%	9%	3%	26%	14%
Other psychoses	24	21%	42%	4%	0%	4%	25%	13%
Childhood psychoses	28	14%	36%	32%	4%	21%	36%	29%
Neurotic & other depressive disorders	47	17%	9%	13%	0%	2%	13%	17%
Personality disorders	6	0%	0%	33%	0%	17%	17%	0%
Other mental disorders	22	0%	0%	14%	0%	5%	0%	32%
Special symptoms or syndromes	27	15%	4%	33%	0%	4%	11%	33%
Stress & adjustment reactions	126	6%	5%	6%	1%	1%	6%	23%
Conduct disorders	44	14%	14%	9%	0%	5%	11%	9%
Emotional disturbances	15	27%	20%	27%	0%	20%	27%	20%
Hyperkinetic syndrome	80	20%	8%	16%	0%	64%	26%	9%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	509	16%	16%	15%	2%	14%	19%	61%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
HAWAII, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	2,193	38%	88%	40%	8%	0%	58%	3%
Major depression and affective psychoses	1,402	57%	33%	47%	12%	2%	52%	8%
Other psychoses	348	30%	63%	34%	3%	0%	42%	8%
Childhood psychoses	19	16%	53%	58%	0%	0%	47%	11%
Neurotic & other depressive disorders	1,381	49%	16%	51%	2%	1%	41%	13%
Personality disorders	115	25%	15%	23%	1%	1%	19%	15%
Other mental disorders	95	28%	20%	38%	2%	0%	24%	33%
Special symptoms or syndromes	195	38%	13%	52%	1%	2%	32%	29%
Stress & adjustment reactions	689	35%	11%	33%	1%	1%	28%	15%
Conduct disorders	73	29%	34%	34%	3%	0%	32%	19%
Emotional disturbances	1	0%	0%	0%	0%	0%	0%	100%
Hyperkinetic syndrome	30	30%	27%	37%	3%	30%	43%	17%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	6,541	43%	46%	43%	6%	1%	47%	26%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
HAWAII, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	264	26%	89%	41%	4%	0%	50%	5%
Major depression and affective psychoses	200	73%	43%	57%	7%	1%	65%	5%
Other psychoses	101	27%	54%	39%	0%	0%	40%	28%
Childhood psychoses	2	0%	0%	0%	0%	0%	0%	100%
Neurotic & other depressive disorders	363	48%	12%	59%	0%	1%	36%	17%
Personality disorders	5	20%	40%	60%	0%	0%	20%	20%
Other mental disorders	93	16%	16%	31%	0%	0%	16%	56%
Special symptoms or syndromes	219	16%	5%	41%	0%	0%	11%	49%
Stress & adjustment reactions	104	38%	13%	60%	0%	0%	26%	17%
Conduct disorders	12	33%	75%	50%	0%	0%	58%	17%
Emotional disturbances	1	0%	0%	100%	0%	0%	0%	0%
Hyperkinetic syndrome	2	50%	0%	0%	0%	50%	50%	50%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	1,366	37%	34%	49%	2%	1%	37%	23%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).